

## Emergency Department Trauma Nurse/Allied Health Professional Level 2 Trauma Courses - Quality and Delivery Peer Review Process V.2.0 ( August 2023)

### **Monitoring for quality and delivery:**

As set out in the National Service Specification for Major Trauma D15/S/a (NHS England, 2013), trauma networks will monitor courses for quality and delivery. It is recommended that as part of peer review, networks undertake detailed reviews of the proposed level 2 courses as part of the monitoring process. This paper provides detail and clarification of how the peer review process should be conducted.

Where courses are delivered nationally, the NMTNG will coordinate a review panel to undertake peer review on behalf of hospital organisations nationwide. Individual networks retain the right to conduct their own assessment. Please see Appendix 1 for the process map.

### **Curriculum:**

This outline curriculum has been adapted from the NHS England (2013) *National Service Specification for Major Trauma D15/S/a*. The following review of quality and delivery applies specifically to the educational standard required of level 2 nursing/AHP staff in fulfilment of the quality indicator. It is also acknowledged that trauma courses should be multidisciplinary as far as possible.

The content must include as a minimum:

- Adult and Paediatric trauma patients, including the care of the Adolescent/Young Adult patients (16-25) (though standalone adult or paediatric MTC's may opt to focus specifically on their target patient group)
- Crew resource management (human factors) in the trauma resuscitation room.
- The recognition of shock and catastrophic haemorrhage management including mass blood transfusion / rapid infusers, TXA and novel haemostatics.
- Airway management including the indications for rapid sequence induction anaesthesia and role of the skilled assistant.
- Recognition of, and key interventions in, life threatening chest injuries: blast injury, tension pneumothorax, open pneumothorax, massive haemothorax, flail chest, cardiac tamponade, management of chest drains and resuscitative thoracotomy.
- Intravenous access: central, peripheral, and intraosseous vascular access.
- Head injury management, including prevention of secondary insult.
- Pelvic and long bone injuries including pelvic binder and long bone traction devices and the management of open fractures.
- Pain management.
- The role of the skilled assistant in conscious sedation
- Packaging and transferring injured patients.
- The assessment, management and special considerations of the following groups must be included:
  - The confused, agitated & aggressive patient. They should receive education/training in behavioural management.
  - The spinal cord injured patient.
  - The spinal fracture patient.
  - The bariatric patient.
  - The burns patient.
  - The pregnant patient.
  - The older patient (applicable to combined or adult only courses)

## Assessments:

The assessment principals must demonstrate the ability to transfer theory into practice. As such:

- All candidates must have a summative assessment via an Objective Structured Clinical Examination (OSCE) based assessment. This must be a pass/fail assessment.
- Or, the candidates must have completed a WPBA Log demonstrating these key values:
  - evidence of critical thinking and analysis
  - self-awareness demonstrating openness and honesty about performance.
  - evidence of learning, appropriately describing what needs to be learned, why and how.
  - appropriate linkage to the curriculum as set out above.
- Either way, the assessment should include:
  - Demonstration of leadership skills in trauma management
  - Demonstration of the principals of the primary survey. This may be performed by the candidate themselves, if appropriately trained, or through directing a clinical colleague.
  - Demonstration of the identification of life and limb threatening injuries and knowledge of the treatments required.
  - Demonstration of the knowledge and skills required of the curriculum.
- It is acknowledged that some elements may be assessed during the course.
- A written paper, essay, exam, is not mandated. However, Higher Education Institutions and others may wish to include this as part of any assessment and in particular in relation to awarding academic credit.

## The Peer Review Process:

- The process of peer review is currently facilitated through The Major Trauma Networks, which are in turn subject to national peer review.
- Each trauma course is expected to meet the standards set out in the National Service Specification for Major Trauma D15/S/a. Trauma networks are required to monitor all trauma courses for quality and delivery measured against the agreed set of standards.
- The process is mapped out in appendix 2, page 4 followed by the 'Trauma Courses Quality and Delivery Review Template' (appendix 3) which provides detail of all the essential components the course must meet for successful peer review.
- Course leaders (the clinicians who have devised and/or who run the course) will need to provide suitable documentation to satisfy the reviewers (that the Trauma Network has convened) that all standards are met.
- The NMTNG recommends that the review panel be made up of no less than 3 clinicians who have **not** been directly involved in the creation of, or running of the course itself. These clinicians should include:
  - At least 1 clinician who has successfully completed and passed a level 2 ED nursing course
  - At least 1 clinician currently working in ED (band 7 or above)
  - We encourage panel members to be recruited from across and/or outside the network, including Major Trauma Centres, Trauma Units and neighbouring networks where possible.
- There must be a database held by the education provider of successful/unsuccessful candidates to facilitate confirmation of certification. This must be made available to the organisations operational delivery network to aide with peer review assessment.
- The course outline should be provided to the review team in advance: this may be the complete curriculum or module specification but detailed enough to show the following:
  - Aims and objectives
  - Indicative course content (sample timetables would be useful)
  - Teaching and learning strategies
  - Assessment process (detailed information and copies of the assessments included)
- Courses that pass the peer review process should be reported to the NMTNG so that a course repository can be maintained.

## Revalidation:

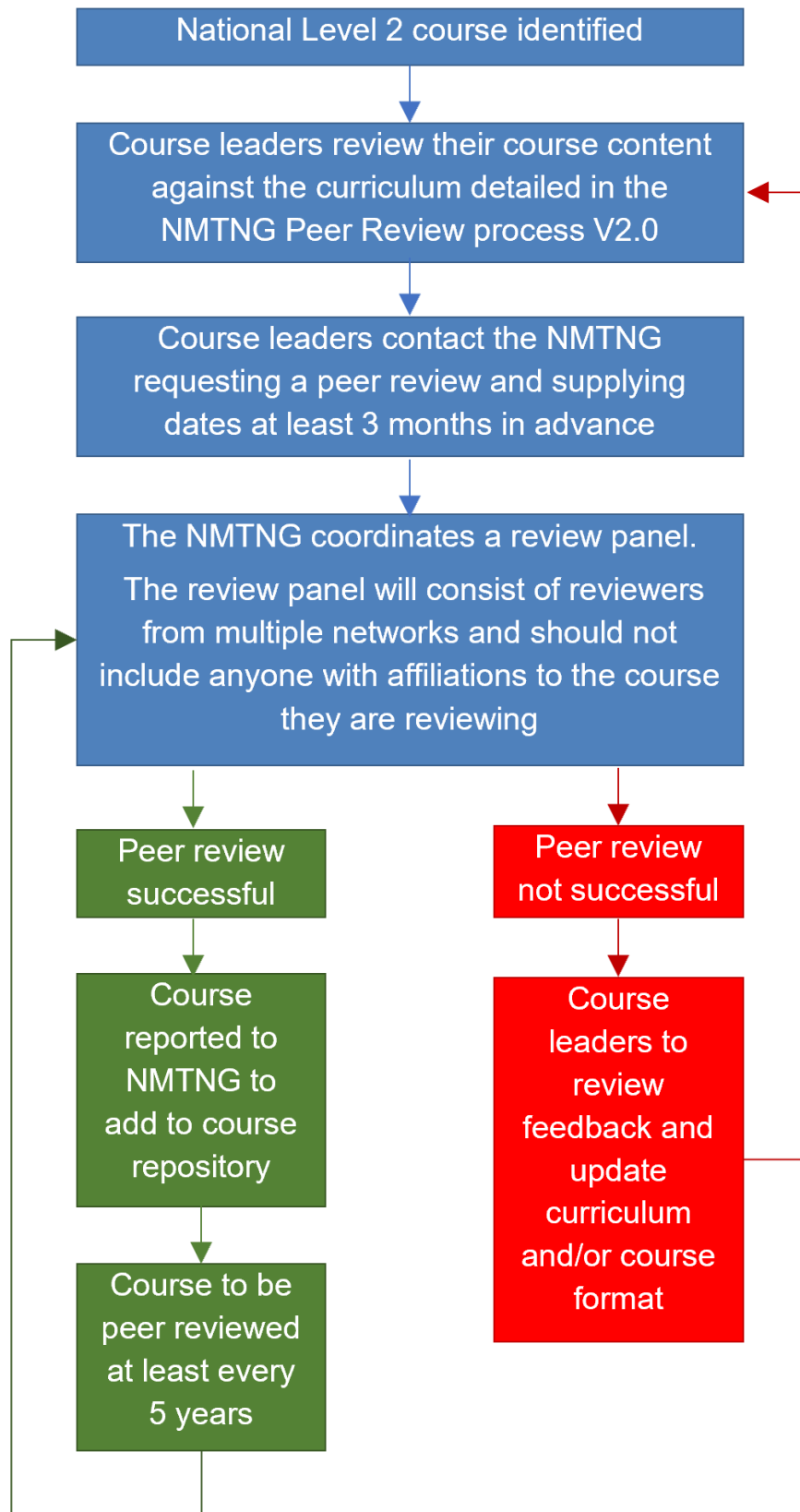
### Course revalidation

- Trauma education course leads must demonstrate they have robust processes in place to ensure that course content is kept accurate and up to date.
- Student feedback should be collected, and there should be evidence that this is utilised appropriately to improve the course where required.
- Courses should be peer reviewed in full **at least** every 5 years according to the above process, including any manuals, exam resources or other media that forms part of course materials.

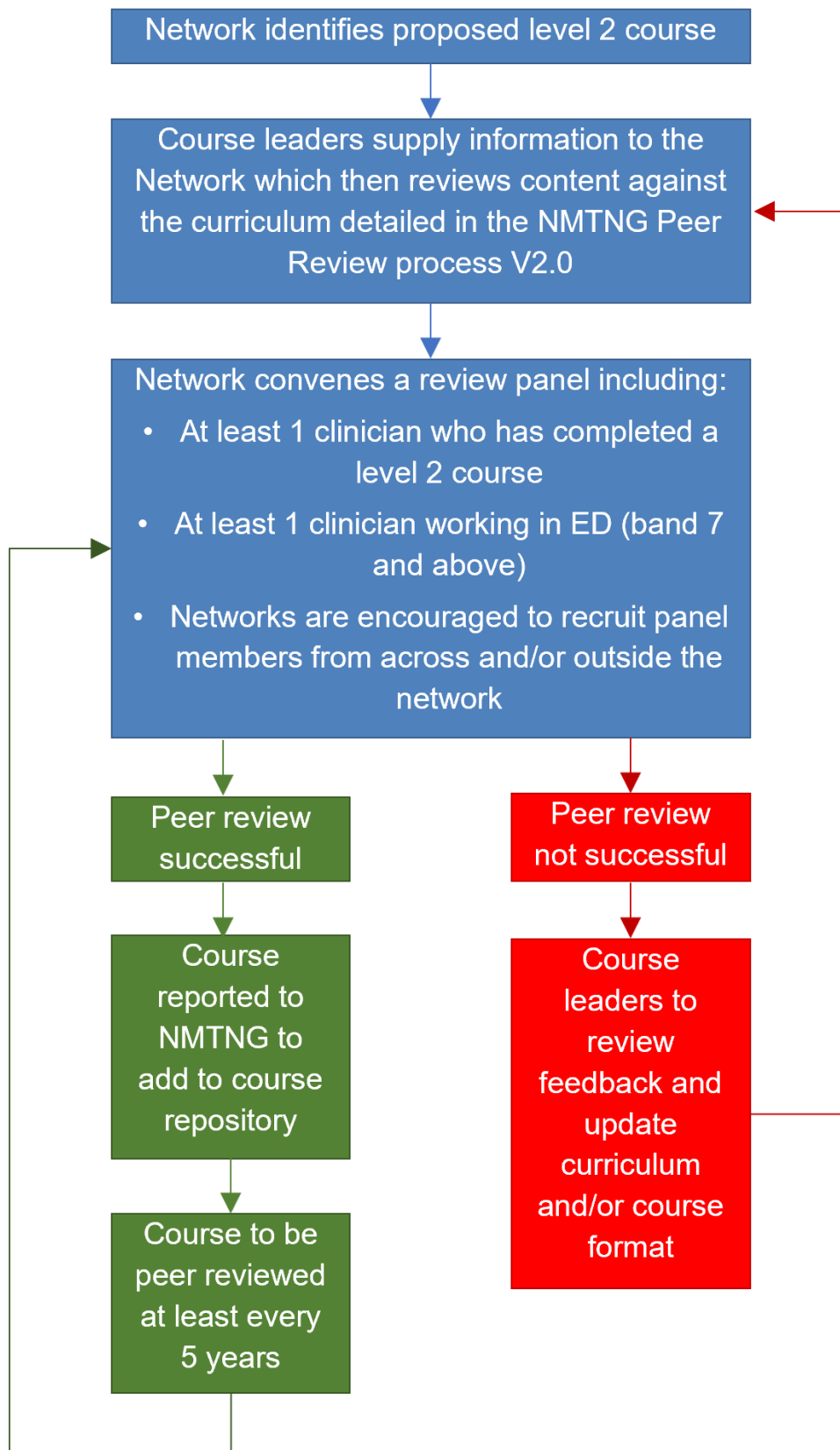
### Student revalidation

- Trauma education packages must demonstrate they have robust processes in place to comply with one of the following standards:
  - There must be a student revalidation requirement **at least** every 5 years. Some courses require revalidation within a shorter time period, and this should be considered at network level.
  - Or, there must be a requirement that the course is repeated in totality after a period of no more than 5 years.
  - Or, there must be log book/evidence of continuous learning and development after the initial course has been passed. This could include completion of the NMTNG Level 2 ED competencies.

**Appendix 1- Level 2 Course Peer Review Process (National Courses)**



## Appendix 2- Level 2 Course Peer Review Process (Local Courses)



### Appendix 3 – Level 2 Trauma Courses Quality and Delivery Review Template

To be completed by the lead academic / trainer for the education institution or Network

**Course Name: NTACC**

**Major Trauma Network (if applicable): N/A**

**Institution where course delivered: Reviewed in local, bespoke session, but course delivered nationally by roving team.**

**Course type: Short Course**

**Any academic credit offered?: N/A**

**Credits:**

**Submitted by: Harriet Lawrence**

To be completed by designated lead peer reviewer for the network of NMTNG review panel

**Name of Lead Peer Reviewer: Hannah Kosuge**

**Job title: Trauma Network Manager (RN)**

**Major Trauma Network: North East London and Essex**

**Details of peer reviewers on panel, AfC band (as appropriate) and affiliations:**

1. Karen Higham-Deakin, Lead Nurse for Major Trauma Lancashire & South Cumbria Critical Care and Major Trauma Operational Delivery Network
2. Emma Draper, Lead Educator, Lancashire & South Cumbria Critical Care & Major Trauma Specialised Services Clinical Network
3. Caroline Hughes – ED Major Trauma Nurse Educator/Senior Charge Nurse. SE of Scotland Major Trauma Network

**Date Peer Review completed: 3<sup>rd</sup> and 4<sup>th</sup> March 2025 – recommendations completed September 2025.**

**Location Peer Review completed: Mawdesley ATACC Headquarters**

**Peer Review - Successful**

**Feedback/areas for improvement (please add on additional page as required)**

The reviewers found the course to be unique in its delivery, with life like scenarios, including actors throughout the SIMS.

The faculty on this particular course were knowledgeable and supportive, and there was clear oversight of the performance of attendee's that was discussed by the faculty at several points throughout the course. Those identified as struggling were offered additional support and time, but ultimately if the standard was not achieved the individual was failed. There is a clear governance process for pass and fail. The instructor manual suggests that this standard of instructor is maintained across the board.

During the review the panel noted several areas of potential improvement that would allow full compliance with the standard as set below. **Comments in bold refer to evidence that these improvements have been actioned.**

- A PDF copy of the manual, with MARCH replaced with (C)ABCDE – **CABCDE is now used throughout the course and this has been evidenced in the manual.**
- A copy of 1 scenario with Trauma Call as a requirements and (C)ABCDE employed in practice – **Scenarios were revised and sent as evidence of this change**
- Evidence that safe patient transfer has been embedded within a SIM – **This was actioned on the day, but also has been evidenced via SIM Plans since.**

The panel suggest that in future iterations of the manual it may be worth considering offering further detail on the sections relating to head injury, spinal trauma and shock, as this felt a bit 'light', but not so much as to cause concern.

We were pleased to be able to offer this review and wish to congratulate the team on such a unique and immersive course.

**Note from NMTNG Education chairs – the NTACC team have responded positively and proactively to the review and made the required changes. We are pleased to confirm that NTACC has successfully completed the peer review.**

<b>To meet the Quality and Delivery Standards all the following components must be met:</b>	<b>Yes</b>	<b>No</b>
<b>1. Details of the course content include:</b>	<b>Yes</b>	<b>No</b>
I) All minimum course content components are taught during the course:	X	
Adult and Paediatric trauma patients (as appropriate to target patient group)	X	
Crew resource management (human factors) in the trauma resuscitation room	X	
The recognition of shock and catastrophic haemorrhage management and including: mass blood transfusion / rapid infusers, TXA and novel haemostatics.	X	
Airway management including the indications for rapid sequence induction anaesthesia and role of the skilled assistant.	X	
Recognition of and key interventions in, life threatening chest injuries: blast injury, tension pneumothorax, open pneumothorax, massive haemothorax, flail chest, cardiac tamponade, management of chest drains and resuscitative thoracotomy.	X	
Intravenous access: central, peripheral & IO.	X	
Head injury management, including prevention of secondary insult.	X	
Pelvic and long bone injuries including: pelvic binder and long bone traction devices and the management of open fractures.	X	
Pain management.	X	
The role of the skilled assistant in conscious sedation	X	
Packaging and transferring injured patients.	X	
II) The assessment, management and special considerations of the following groups must be included:		
a. The confused, agitated & aggressive patient. They should receive education/training in behavioural management.	X	
b. The spinal cord injured patient.	X	
c. The spinal fracture patient.	X	
d. The bariatric patient.	X	
e. The burns patient.	X	
f. The pregnant patient.	X	
g. The elderly patient (applicable to combined or adult only courses)	X	

2. Details of the assessment include:	Yes	No
a) All candidates must have a summative assessment via Objective Structured Clinical Examination (OSCE) based assessment. This must be a pass/fail assessment.	X	
b) <b>OR</b> the candidates must have completed a WPBA Log demonstrating these key values: <ul style="list-style-type: none"> <li>• evidence of critical thinking and analysis</li> <li>• self-awareness demonstrating openness and honesty about performance.</li> <li>• evidence of learning, appropriately describing what needs to be learned, why and how.</li> <li>• appropriate linkage to the curriculum as set out above.</li> </ul>		
Assessment should include:		
I. Demonstration of leadership skills in trauma management	X	
II. Demonstration of the principals of the primary survey. This may be performed by the nurse themselves, if appropriately trained, or through directing a 'junior doctor'.	X	
III. Demonstration of the identification of life and limb threatening injuries and knowledge of the treatments required.	X	
IV. Demonstration of the knowledge and skills required of the curriculum.	X	
<b>N.B. It is acknowledged that some elements may be assessed during the course.</b>		
<b>3. Details of the revalidation include:</b>	<b>Yes</b>	<b>No</b>
Trauma education course leads must demonstrate they have robust processes in place to ensure that course content is kept accurate and up to date.		
Student feedback should be collected, and there should be evidence that this is utilised appropriately to improve the course where required.		
Evidence of revalidation at least every 5 years. HEI's, course providers and Trusts must therefore institutemechanisms for revalidation.		
Evidence that a database is held by the education provider of successful/unsuccessful candidates to facilitate confirmation of certification.		
There must be a student revalidation requirement at least every 5 years OR a requirement that the course is repeated in full OR a log book/evidence of continuous learning and development		